MINUTES

of the Third Meeting of the Surgical First Assistants' Technical Review Committee

May 27, 2015 1:00 p.m. to 4:00 p.m. Lower Level Conference Room "A" The Nebraska State Office Building, Lincoln, NE

Judith Lee Kissell, PhD

Members Present	Members Absent	Staff Present

Diane Jackson APRN (Chairperson)
Ben Greenfield, LP
Michael R. Kinney, J.D.
Mary C. Sneckenberg
Jeff Baldwin, Pharm. D., R.P.
James Temme, R.T.

Matt Gelvin Ron Briel Marla Scheer

I. Call to Order, Roll Call, Approval of the Agenda

Diane Jackson called the meeting to order at 1:00 p.m. The roll was called; a quorum was present. She welcomed all attendees and indicated that the agenda and Open Meetings Law were posted and the meeting was advertised online at http://dhhs.ne.gov/Pages/reg_admcr.aspx. The committee members unanimously approved the agenda and minutes from the April 8th, 2015 meeting.

II. <u>Discussion on the Surgical First Assistant Proposal</u>

Applicant group representative Bruce Rieker introduced himself, Linda Shoemaker, Elizabeth Hurst and Jessica Mills a Certified Surgical First Assistant (CFSA) and Certified Surgical Technologist (CST) from Grand Island, Nebraska.

Mr. Rieker indicated that the applicant group created an amendment to their proposal and would like to spend some time reviewing the amendment with the Technical Review Committee (TRC). Applicant group member Elizabeth Hurst read a statement, (attachment 1), to begin the discussion. She then directed the TRC to the amendment, (attachment 2), and proceeded to outline the changes made to the applicant group's proposal. At the conclusion of her presentation, Ms. Hurst asked if there were questions from the committee members. Mr. Baldwin asked for clarification about the reference to a licensed health care professional making a determination of competency of a surgical technologist. Specifically, what licensed health care professional is actually making the determination? Mr. Rieker stated the applicant group will work to further define which licensed health care professionals are qualified to make a determination about the competency of a surgical technologist.

Mr. Kinney asked for clarification of a misdemeanor in Part B, 4, a, 2 for the purpose of qualification to be placed on the registry. Ms. Hurst stated that the definition of a misdemeanor is outlined in each set of regulations. Mr. Kinney asked that a reference to the source where misdemeanor is defined be included so there is not confusion in regard to what is reported as a misdemeanor.

The applicant group proceeded to distribute letters from the Nebraska Medical Association, the Nebraska Association of Independent Ambulatory Centers and the Nebraska Nurses

Association. Each letter indicates levels of support and position in regard to the proposal and amendment to the proposal. In addition, the TRC reviewed a letter received from the Nebraska State Assembly of the Association of Surgical Technologists. Each of the above mentioned documents can be found at the following link http://dhhs.ne.gov/pages/CredReviewSurgicalFirstAssistants.aspx under the proponent heading.

The next item discussed by the applicant group was the current role, hierarchy, of the staff present in the surgical suite during a procedure based on education and training, (attachment 3). Dr. Baldwin asked if a Surgical Assistant (SA) is the same as a Surgical First Assistant (SFA). It was indicated that they are the same based on the applicant group's intentions. Ms. Mills stated there is a Certified Surgical Assistant (CSA) and a Certified Surgical First Assistant (CSFA) and that the designations are used interchangeably. In addition, there are 2 main boards that do testing of SFA's. Mr. Greenfield indicated that Perfusionists were not included in the listing of surgical suite staff and they should be. The applicant group indicated they would include Perfusionists and other professions that may have been overlooked.

Ms. Hurst then discussed a document titled "differentiating between Surgical Technologists (ST), Certified Surgical Technologists (CST) and Surgical First Assistants (SFA)" (attachment 4). Ms. Hurst indicated that a CST can perform all the functions of a ST in column #1 as well as the functions listed in column #2. However, Nebraska law does not allow a CST to perform items 18 – 23 listed in column #2. Ms. Hurst further indicated that a SFA can perform all of the functions listed in columns #1, #2 and #3 except for items 18 – 23 listed in column #2. It was also noted that functions involving physician delegation to a SFA are not allowable under Nebraska law.

Dr. Baldwin asked if the registry proposed would include ST's who are on-the-job trained. Ms. Hurst answered that it does when an ST shows competency. It was further stated that a SFA has to be a ST before becoming a SFA.

Dr. Baldwin then asked if there were any standards for on-the-job training for ST's. An applicant member stated there were not. Discussion of this topic included that some places only have RN's in the operating room and they teach ST's their duties and responsibilities. A nurse from the Nebraska Medical Center stated they only hire ST's who have been trained. A person from McCook stated there are 8 ST's employed and only one of them has been trained. It was noted that greater Nebraska has trouble hiring ST's that have been trained and keeping them.

Mr. Greenfield asked if a scope of practice is created for SFA's, would this place a hardship on ST's. Mr. Rieker indicated that it is not the intent to create a hardship for ST's but to focus on patient safety. In addition, the applicant group wants ST's to have the ability to train up to perform the duties and responsibilities of a ST. Mr. Kinney asked what functions are SFA's not allowed to perform. Ms. Hurst referenced the proposed scope on page 4, 1-10 of the document titled "surgical suite occupations, scopes of practice, proposed registry and exemptions" (attachment 5). She indicated SFA's are not allowed to perform those functions currently because SFA's are not recognized or licensed in the State of Nebraska. Furthermore, SFA's are currently only allowed to perform the functions of ST's.

There was much discussion held on the proposed scope of practice outlined on page 4, items 1 – 10 of the document titled "surgical suite occupations scopes of practice, proposed registry and exemptions". Specifically, items 2, 3, 4 and 7 were items identified as functions that are still being performed by SFA's and items 1, 5, 6, 8, 9 and 10 are the functions that will set

apart a SFA from a ST. Additional discussion was held concerning the definition of direct patient care and how it impacts scope of practice and functions of ST's and SFA's. Mr. Rieker indicated that the applicant group would perform additional due diligence and try to formulate a definition of direct patient care.

Ms. Hurst then provided an overview of the document titled, "surgical suite occupations, licensure requirements, registry requirements and supervision" (attachment 6). Mr. Greenfield asked if a provisional license would be necessary. Mr. Rieker indicated that folks are already on notice that if the proposal were to pass, then they would need to bring their education up and pass the exam.

Chairperson, Diane Jackson, asked if there were any additional questions before the committee takes action on the amendment to the SFA proposal.

Made a motion to accept the amendment to the SFA proposal. Discussion was held and the motion passed unanimously.

Mr. Greenfield stated that at the next meeting the committee will need the applicant group to:

- 1. Provide a list and/or definition of misdemeanors.
- 2. Perform due diligence on not including the following items in the SFA scope of practice:
 - a. positioning the patient,
 - b. preparing and draping the patient for the operative procedure,
 - c. providing visualization of the operative site
 - d. applying wound dressings
- 3. Provide more detail and definition involving closure of body planes
- 4. Provide more detail and definition involving preparing specimens, grafts, etc.
- 5. Respond to Ms. Glassburner's letter to the committee in regard to language in section 4. a. of the amendment to the SFA proposal.

III. Public Comment

There were no additional comments by public attendees at this time.

IV. Next Steps

The committee will be given a copy of the four criteria for new credentialing for preliminary application and discussion at the meeting on June 18th, 2015.

V. Other Business and Adjournment

Future meetings: July 8th, 1pm – 4pm, August 28th, 9am – 12pm September 18th, 9am – 12pm. There being no further business, the meeting was adjourned by acclamation at 3:30 p.m.

Attachments:

Attachment 1 Statement from Applicant Group May 15th, 2015.

Attachment 2 Surgical First Assistant Credentialing Review Application Amendment May 15th, 2015.

Attachment 3 Surgical Suite Staff present during surgery.

Attachment 4 Differentiating between Surgical Technologists (ST), Certified Surgical Technologists (CST) and Surgical First Assistants (SFA).

Attachment 5 surgical suite occupations, scopes of practice, proposed registry and exemptions.

Attachment 6 surgical suite occupations, licensure requirements, registry requirements and supervision.